PLEASE TYPE OR PRINT Entered previous May Show Ms. Ms. Mr. Artist Permanent Address Street Tel. (216) Tel. (216) Temporary Address Street Tel. (505) Tel. (505)

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

Museum should ship to artist C.O.D. at this address:

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Susan B. von Glaha

ENTRY BLANKS								
A STATE OF THE PARTY OF THE PAR	☐ 1. Paintings☐ 4. Sculpture							
PASTEL Sue von Glahu								
Title TRIDACNA								
#500 00	Insurance Valu	le	Siz	10 ° X 41	, "			
	GRAPHICS A	ND PHOTOGR	APH'	YONLY				
Additional No. For	Sale Total (No. in Edition		Price Unframed	Price of Frame			
DO NOT W	RITE IN THIS S	ection (2)		CEPTED X EE PAID 23	BY asl			
2 □ 1. Paintings □ 2. Graphics □ 3. Photography □ 4. Sculpture □ 5. Electric □ 6. Crafts								
Medium or Materia	IS ITHOERI	4124		So	10			
Title BETWEEN LIFE & DEATH								
Price or NFS Insurance Value If NFS Only		12"×18"						
GRAPHICS AND PHOTOGRAPHY ONLY								
Additional No. Fol		No. in Edition	114	Price Unframed	Price of Frame			
DO NOT WRITE IN THIS SECTION				CEPTED	REJECTED			
	771	-1	BE	CEIVED	ву			

1976 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

Dates for Pick-up of Objects

Museum Service Entrance

Museum Service Entrance 9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects November 15 through November 27

Accepted Objects

January 10 through January 15

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

Please keep address within this box for window envelope.

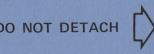
Name	Susan B. von	glahn
Address	30400 Wolf Rd	1
City & State	Bay Village	Zip 44140

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.



		DC	NOT DET	ACH 4/				
1	☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts							
Medium or Materials PASTEL								
Title	TRIDACA	14						
	WRITE IN THIS S		ACCEPTED	REJECTED				
DO NOT DETACH								
2 □ 1. Paintings □ 2. Graphics □ 3. Photography □ 4. Sculpture □ 5. Electric □ 6. Crafts								
Medium or Ma	terials LITHOGIE	APH						
Title B.	ETWEEN	HFE &	DEATH					
DO NOT	WRITE IN THIS S	ECTION	ACCEPTED	REJECTED				